



1FW

| | | |
|--|----------------|---------------------------------|
| TRANSMITTAL FORM (for all correspondence after initial filing) | Application # | 10/625,252 |
| | Confirmation # | 9293 |
| | Filing Date | 07/23/2003 |
| | First Inventor | ANDERSON, Glen |
| | Art Unit | 3625 |
| | Examiner | J. Dunham |
| Total number of pages in this submission = | | Docket # P1933US00 (P09008US00) |

| ENCLOSURES (check all that apply) | |
|---|---|
| <input type="checkbox"/> Fees calculated below <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> including Attachment(s) <input type="checkbox"/> After Final Amendment/Reply <input type="checkbox"/> including Attachment(s) <input type="checkbox"/> Extension of Time Petition <input type="checkbox"/> | <input type="checkbox"/> Response to Missing Parts/Incomplete Appl. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Drawing(s) (8 Sheets Formal Replacement) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> <input type="checkbox"/> |

| FEES CALCULATION: For claims if required and/or other fees as shown below: | | | | | |
|---|-----|---------------------|---------------|------------|----|
| | NOW | Previously Paid For | Present Extra | Rate | \$ |
| <input checked="" type="checkbox"/> TOTAL CLAIMS | 18 | 20 | 0 | X \$ 50 = | |
| <input checked="" type="checkbox"/> INDEPENDENT CLAIMS | 3 | 3 | 0 | X \$ 200 = | |
| TOTAL OF ABOVE CLAIMS FEES = | | | | | |
| <input type="checkbox"/> Reduction by 1/2 for small entity status of applicant | | | | | |
| SUBTOTAL = | | | | | |
| <input type="checkbox"/> Fee for extension of time (per attached Petition) | | | | | |
| <input type="checkbox"/> Other fee for | | | | | |
| TOTAL OF ALL FEES = | | | | | |

The Commissioner is hereby authorized to charge the above-noted fee of \$ to Deposit Account No. 50-0439.

X The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 50-0439:
(1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
(2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely. The Commissioner is hereby authorized to charge any such fee to Deposit Account No. 50-0439

Date: September 1, 2006

By: Ross F. Hunt, Jr.
Registration No.: 24,082

STITES & HARBISON PLLC ♦ 1199 North Fairfax St. ♦ Suite 900 ♦ Alexandria, VA 22314
TEL: 703-739-4900 ♦ FAX: 703-739-9577 ♦ Customer No. 00881